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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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OCT 21 1974

Operator McCLELLAN OIL CORPORATION	
Address Post Office Box 848, ROSWELL, NEW MEXICO 88201	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) GAS PIPELINE CONNECTION	

If change of ownership give name and address of previous owner

Lease Name PATRICK FEDERAL	Well No. 1	Pool Name, including Formation DOUBLE L - QUEEN ASSOC.	Kind of Lease FEDERAL State, Federal or Fee	Lease No. LC-069817
Location Unit Letter 'N' ; 660 Feet From The SOUTH Line and 1650 Feet From The WEST				
Line of Section 12 Township 15 SOUTH Range 29 EAST , NMPM, CHAVES County				

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
CHALA CRYOGENICS		Box 6697, ROSWELL, NEW MEXICO 88201		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Pge.
Is gas actually connected?		When		
YES		OCTOBER 7, 1974		

If this production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			XX	X					
Date Spudded 7/31/67	Date Compl. Ready to Prod. 9/25/67	Total Depth 1993'		P.B.T.D. 1990'					
Elevations (DF, RKB, RT, GR, etc.) 3908' GR	Name of Producing Formation QUEEN	Top Oil/Gas Pay 1962'		Tubing Depth 1965'					
Perforations 1964 - 70' AND 1976 - 85'				Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE 8"	CASING & TUBING SIZE 5 1/2"		DEPTH SET 1993'		SACKS CEMENT 200				
	2-3/8"		1965'						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL ORIGINAL COMPLETION TEST TAKEN 9/20/67. CURRENT TEST RESULTS BELOW.			
Actual Prod. Test-MCF/D 10/4/74 750	Length of Test 24 HRS.	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in) 150#	Casing Pressure (Shut-in) 250#	Choke Size 2-3/8"

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION DEC 23 1974	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED _____, 19____	
BY _____		BY _____	
TITLE _____		TITLE OIL AND GAS INSPECTOR	
This form is to be filed in compliance with RULE 1104.		If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
All sections of this form must be filled out completely for allowable on new and recompleted wells.		Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.	
Separate Forms C-104 must be filed for each pool in multiply completed wells.			

Signature: [Signature]

OPERATOR

(Title)

OCTOBER 15, 1974

(Date)